

REQUEST FOR CHANGE

**Note:** If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT D018695999 Company Name: METAL MANAGEMENT AEROSPACE

Date of Request: 6/19/00 Town: HARTFORD

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation	METAL MANAGEMENT AEROSPACE	METAL MANAGEMENT AEROSPACE INC	PER LETTER 4/25/00
II. Location of Installation			
III. Mailing Address of Installation			
IV.a. Installation Contact's Name			
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status  Originally notified as: (please circle) CESQG ( <100 kg/month )  SQG (100 - 1000 kg/month)  LQG ( >1000 kg/mth)  Transporter  T/S/D Facility		Change Status to:	

**REQUEST FOR CHANGE**

**Note:** If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

65  
3.30.00

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT D018695999 Company Name: AEROSPACE METALS INC

Date of Request: 3/21/00 Town: HARTFORD

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/COMMENTS
I. Name of Installation	AEROSPACE METALS INC	METAL MANAGEMENT AEROSAPCE	PER 99 SQG REPORT
II. Location of Installation			
III. Mailing Address of Installation			
IV.a. Installation Contact's Name	EUGENE KLEIN	DAN MULLEN	
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status  Originally notified as: (please circle) CESQG ( <100 kg/month )  SQG (100 - 1000 kg/month)  LQG ( >1000 kg/mth)  Transporter  T/S/D Facility		Change Status to:	



**REQUEST FOR CHANGE**

**Note:** If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT D018695999 Company Name: AEROSPACE METALS

Date of Request: 2/18/98 Town: HARTFORD

2/24/98  
4/9/98  
QC  
6/1/98

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/COMMENTS
I. Name of Installation	AEROSPACE METALS	AEROSPACE METALS INC	PER LETTER
II. Location of Installation			
III. Mailing Address of Installation			
IV.a. Installation Contact's Name			
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status  Originally notified as: (please circle) CESQG ( <100 kg/month )  SQG (100 - 1000 kg/month)  LQG ( >1000 kg/mth)  Transporter  T/S/D Facility		Change Status to:	

ACRA RECORDS CENTER  
FACILITY AEROSPACE METALS  
D. NO. CT0018695999  
FILE LOC. R-1A  
OTHER



STATE OF CONNECTICUT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION



CERTIFICATION STATEMENT

Small Quantity Generator

NAME: Aerospace Metals  
I.D. NO.: CTD 018695999  
FILE LOG: R-1A  
OTHER: \_\_\_\_\_

I, Eugene M Klein, VP ENVS/ENVIRO, hereby certify  
(Name) Please print (Position)

that Aerospace Metals Inc, 500 FLATBUSH AVE, HTFD, CT  
(Name of Company and Address)

CTD018695999, which notified the U.S. Environmental Protection  
(EPA ID Number)

Agency (EPA) that it was a large quantity generator, at all times from this date forward will not generate over 1,000 kilograms (2200 pounds) of hazardous waste per month, or 1 kilogram (2.2 pounds) of acutely hazardous waste per month, or accumulate greater than these amounts at any one time, and will comply with all other applicable requirements of 22a-449 (c) Sections 1 through 42 of the Connecticut Hazardous Waste Management Regulations. I hereby request a change of status to Small Quantity Generator.

I understand that the Department of Environmental Protection or U.S. Environmental Protection Agency (US EPA) may inspect to verify our hazardous waste activity status and I am aware that there are significant penalties for submitting false information, including fines and imprisonment. I further understand that I must notify DEP if my waste generation rate increases to that of a large quantity generator.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete.

Eugene M Klein  
Signature

June 15, 1994  
Date

(Printed on Recycled Paper)

165 Capitol Avenue • Hartford, CT 06106

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STATE OF CONNECTICUT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION



BUREAU OF WASTE MANAGEMENT

NAME: Aerospace Metals  
ID NO: CTD 018 695999  
FILE LOC: R-1A  
OTHER: \_\_\_\_\_

REQUEST FOR CHANGE(S)  
OF RCRA NOTIFIER DATA BASE

Please use this form to advise the Bureau of Waste Management of any changes to the information originally submitted on your "Notification of Hazardous Waste Activity," so that the Department of Environmental Protection and the U.S. EPA records can be updated.

Please be sure to sign the certification. Then turn the form over and complete the sections for which changes are being requested. Attach any additional information and submit it as a package to the following address:

State of Connecticut DEP, Bureau of Waste Management  
~~365 Capitol Avenue~~ Hartford, CT 06106  
79 Elm Street,

If you have any questions regarding this form, please contact Inga Rubecka at (203) 566-4869/2264.

OWNER/OPERATOR CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Eugene W Klein  
Name  
(please type)

Eugene W Klein  
Signature

VP Engg / ENVIAO TRC  
Title

(203) 522 3123  
Telephone Number

6/15/94  
Date Signed

Note changes on reverse -->

(Printed on Recycled Paper)

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# REQUEST FOR CHANGE

REV. 3/73

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CTD 018695955 Company Name: Aerospace Metals Inc

Date of Request: 6/15/94 Town: HARTford

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation	<u>Aerospace Metals Inc</u>	<u>Same</u>	
II. Location of Installation	<u>500 Flatbush HARTford CT</u>	<u>Same</u>	
III. Mailing Address of Installation	<u>500 Flatbush HARTford CT</u>	<u>Same</u>	
IV.a. Installation Contact's Name	<u>Eugene Klein</u>	<u>Same</u>	
b. Installation Contact's Title	<u>UPENSG Enviro Tech</u>	<u>Same</u>	
c. Installation Contact's Phone	<u>203 522 3123</u>	<u>Same</u>	
V.a. Ownership	<u>Private</u>	<u>Same</u>	
b. Property Owner	<u>Private</u>	<u>Same</u>	
VI. Status  Originally notified as: (please circle) SQG (<100 kg/month.)  SQG (100 - 1000 kg/month) <u>Generator (&gt;1000 kg/mth)</u>  Transporter  T/S/D Facility		Change Status to:  <u>&lt;1000 kg/month</u>	



# REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CTD 018695999

Company Name: Swisman & Blumenthal

Date of Request: \_\_\_\_\_

Town: Hartford

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation	Swisman & Blumenthal	Aerospace metals	
II. Location of Installation			
III. Mailing Address of Installation	P.O. Box 119	500 Flatbush Ave Hartford 06106	
IV.a. Installation Contact's Name			
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status  Originally notified as: (please circle) SQG ( <100 kg/month )  SQG (100 - 1000 kg/month)  Generator ( >1000 kg/mth)  Transporter  T/S/D Facility		Change Status to:	


## REQUEST FOR CHANGE

10/90

EPA ID #: CTD 018695999COMPANY NAME: Suisman & Blumenthal

Date of Request: \_\_\_\_\_

TOWN: Hartford

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
I*	Name of Installation	Suisman Blumenthal	<u>KL</u> Aerospace Metals	
II**	Location of Installation		<u>11/15/91</u> <u>HWDMS</u>	
III	Installation Mailing Address		<u>RCRIS</u> <u>AB</u>	
IV a.	Installation Contact's Name			
b.	Installation Contact Title			
c.	Installation Contact Phone #			
V a.	Ownership			
b.	Property Owner			
VI	Status	(Originally notified as:)  SQG (<100 kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to:	NAME: <u>Aerospace Metals</u> I.D. NO.: <u>CTD 018695999</u> FILE LOC: <u>R-1A</u> OTHER: _____

\* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

\*\* If your company has moved to a new location then you must submit a new EPA Notification of Hazardous Waste Activity Form and obtain a new US EPA ID No.





STATE OF CONNECTICUT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION



NOTIFICATION OF APPROVAL OF STATUS CHANGE REQUEST

SUISMAN & BLUMENTHAL  
500 FLATBUSH AVE  
HARTFORD

CT 06106  
CTD018695999

Date: MAY 3 1989

EUGENE KLEIN

Re: Approval of Status Change Request - Small Quantity Generator to Large Generator.

Dear Sir/Madam:

Your companies change request from a Small Quantity Generator to a Large Generator has been approved by Connecticut Department of Environmental Protection Hazardous Waste Management Section in conjunction with the U.S. Environmental Protection Agency.

The data base has been updated to reflect this change.

Your company's status is now that of a Large Generator. The company is therefore responsible for Compliance with all state and federal regulations regarding this status. Enforcement action would be considered if all applicable regulations are not complied with.

Please note that if your status should change in the future, you will be required to file a Status Change Request informing DEP of the change.

Should you have additional questions regarding this matter please contact Ms. Inga Rubecka at 203 566-4869.

Sincerely,

Patrick Bowe  
Assistant Director  
Hazardous Waste Management Section

NAME: Aerospace Metals  
I.D. NO.: CTD 018695999  
FILE LOG: R-1A  
OTHER: \_\_\_\_\_

Phone:

165 Capitol Avenue • Hartford, Connecticut 06106

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STATE OF CONNECTICUT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION



November 1, 1988

Suisman & Blumenthal  
Att. Eugene M. Klein  
P.O. Box 119  
Hartford, Ct. 06141

NAME: Aerospace Metals  
I.D. NO. CTD 018695999  
FILE LOC: R-1A  
OTHER: \_\_\_\_\_

Re: Status change request for the location 500 Flatbush Ave., Hartford,  
CTD018695999

Dear Mr. Klein:

The Suisman & Blumenthal change request from a Small Quantity Generator of Hazardous Waste to a Large Generator requested by Suisman & Blumenthal has been reviewed and approved by Connecticut Department of Environmental Protection Hazardous Waste Management Section in conjunction with the U.S. Environmental Protection Agency.

The data base has been updated to reflect this change.

Should you require additional changes in the future contact in writing the Connecticut Department of Environmental Protection and the Environmental Protection Agency.

Suisman & Blumenthal status at 500 Flatbush Ave., Hartford is now that of a Large Generator. The company is therefore responsible for compliance with all state and federal regulations regarding this status. Enforcement action would be considered if all applicable regulations are not complied with.

Should you have additional questions regarding this matter please contact Inga Rubecka at 556-4869.

Sincerely

Patrick Bowe  
Principal Environmental Analyst  
Hazardous Waste Management Section

cc: John Hackler - U.S. EPA Region I

PE/ir

Phone:

165 Capitol Avenue • Hartford, Connecticut 06106

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ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER  
NAME: Aerospace Metals  
I.D. NO.: CTD 018695999  
FILE LOC: R-1A  
OTHER: \_\_\_\_\_

INSTALLATION ADDRESS

CTD018695999

SUISMAN & BLUMENTHAL INC  
P O BOX 119  
HARTFORD

CT 06106

500 FLATBUSH AVE  
HARTFORD

CT 06106



SMALL Generator: 500 Kg per month

Please print or type with ELITE type (characters/line) in the unshaded areas only.

Form Approved OMB No. 158-S79016  
GSA No. 0246-EPA-OTU.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA  
I.D. NO.  
  
I. NAME OF IN-  
STALLATION  
  
II. INSTALLA-  
TION  
MAILING  
ADDRESS  
  
III. LOCATION  
OF INSTAL-  
LATION

PLEASE PLACE LABEL IN THIS SPACE

SQQG

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

## COMMENTS

RECEIVED - EPA

JUN 14 1985

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

FCTD 018695999

850620

## I. NAME OF INSTALLATION

SUISMAN + BLUMENTHAL INC

COMPLIANCE BRANCH

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 PO BOX 119

CITY OR TOWN

HARTFORD

ST.

ZIP CODE

CT 06106

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5500 FLATBUSH AVE

CITY OR TOWN

HARTFORD

ST.

ZIP CODE

CT 06106

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

EUGENE KLEIN MGR ATD

203-522-3123

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

SUISMAN + BLUMENTHAL INC

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)F = FEDERAL  
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



[illegible]

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 4. TOXIC  
(D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

DATE SIGNED

MAY 12, 1985



STATE OF NEW YORK  
 DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
 DIVISION OF HAZARDOUS SUBSTANCES REGULATION

## HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved, OMB No. 2050-0039 Expires 9-30-94

Please print or type. Do not Staple.

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA No. <b>CTD018695999 06094</b>		Manifest Document No. <b>06094</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal Law.			
3. Generator's Name and Mailing Address <b>Aerospace Metals, Inc. P.O. Box 119 Hartford CT 06141-0119</b>						A. State Manifest Document No. <b>NY B 544460 4</b>					
4. Generator's Phone <b>(203) 522-3123</b>						B. Generator's ID <b>366 Flatbush Ave. Hartford, CT 06106</b>					
5. Transporter 1 (Company Name) <b>Bechem Transport, Inc.</b>						C. State Transporter's ID <b>4208ACT</b>					
6. US EPA ID Number <b>CTD982191942</b>						D. Transporter's Phone <b>(203) 562-1200</b>					
7. Transporter 2 (Company Name)						E. State Transporter's ID <b>TL8742 ME.</b>					
8. US EPA ID Number						F. Transporter's Phone <b>(203) 562-1000</b>					
9. Designated Facility Name and Site Address <b>CIM Chemical Services, Inc. Box 200, 1550 Balmer Road Meadow City NY 14107</b>						G. State Facility's ID					
10. US EPA ID Number <b>NYD049896379</b>						H. Facility's Phone <b>(716) 754-8231</b>					
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol	
a. <b>BQ, Environmentally Hazardous Substance, Solid, N.O.S., 9, UN3077, III (Polychlorinated Biphenyls).</b>						No. Type		001 B 00223		EPA Waste No.	
b.										STATE	
c.										EPA	
d.										STATE	
J. Additional Descriptions for Materials listed Above						K. Handling Codes for Wastes Listed Above					
a. <b>PCB ballasts</b>						a. <input checked="" type="checkbox"/>					
b. <b>NPS BR1907-MDC</b>						b. <input type="checkbox"/>					
c.						c. <input type="checkbox"/>					
d.						d. <input type="checkbox"/>					
15. Special Handling Instructions and Additional Information <b>Contract R04363924 WOF</b> <b>Emergency Contact: 203-251-6909</b> <b>a.ERC #31</b>						81416270					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name <b>Robert J Plante</b>				Signature <i>Robert J Plante</i>				Mo. Day Year <b>06 09 94</b>			
17. Transporter 1 (Acknowledgement of Receipt of Materials)				Printed/Typed Name <b>John G MATTHEW</b>				Signature <i>John G Matthew</i>			
18. Transporter 2 (Acknowledgement or Receipt of Materials)				Printed/Typed Name <b>KRIS ABELIN</b>				Signature <i>Kris Abelin</i>			
19. Discrepancy Indication Space											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name <b>Lynn Picchowski</b>				Signature <i>Lynn Picchowski</i>				Mo. Day Year <b>06 14 94</b>			



**DNR**  
**MICHIGAN DEPARTMENT**  
**OF NATURAL RESOURCES**

DO NOT WRITE IN THIS SPACE  
ATT. ☐ DIS. ☐ REJ. ☐ PR. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type.

Form Approved. OMB No. 2050-0039 Expires 9-30-94

**UNIFORM HAZARDOUS**  
**WASTE MANIFEST**

1. Generator's US EPA ID No. **CTD018695999** Manifest Document No. **06094**

2. Page 1 of 1 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address  
**Aerospace Metals, Inc.**  
**P.O. Box 119**  
**Hartford, CT 06141-0119**

A. State Manifest Document Number  
**MI 3479904**

4. Generator's Phone - **(203) 522-3123**

B. State Generator's ID **500 Flatbush Ave, Hartford, CT 06106**

5. Transporter 1 Company Name  
**Bechem Transport Inc.**

6. US EPA ID Number  
**CTD982191942**

C. State Transporter's ID  
**42084 CT**

7. Transporter 2 Company Name  
**BECHAM TRANSPORT INC.**

8. US EPA ID Number  
**CTD982191942**

D. Transporter's Phone  
**203-562-1280**

9. Designated Facility Name and Site Address  
**Envotech Management Services, Inc.**  
**49350 No. I-94 Service Drive**  
**Belleville, MI 48111**

10. US EPA ID Number  
**MTD000724831**

E. State Transporter's ID  
**M R 31308 ME**

F. Transporter's Phone  
**(313) 697-2200**

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER)  
**HM**

12. Containers  
No. Type 13. Total Quantity 14. Unit W/Vol 15. Waste No. N/H

a. **RQ, Waste Corrosive Liquids, Poisonous, n.o.s., (Nitric Acid, Hydrochloric Acid, Hydrofluoric Acid), 8, UN2922, I (D002, D006, D007, D008).**

**002 n/r 00105 g D002 H**

b.

**WAYNE DISPOSAL, INC.**  
**ENVIRONMENTAL PROTECTION FACILITY**  
**49350 N. I-94 Service Drive**  
**Belleville, Michigan 48111**

J. Additional Descriptions for Materials Listed Above  
a. **mixed acids 033093MA**  
b.

K. Handling Codes for Wastes Listed Above  
a/ /  
b/ /  
c/ /  
d/ /

15. Special Handling Instructions and Additional Information **a. ERG 159**

**Emergency Contact: 203-541-6988 (24hr) - 203-251-6906 6909**

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name **Richard R Anderson** Signature **Richard R Anderson** Date **060994**

17. Transporter 1 Acknowledgement of Receipt of Materials  
Printed/Typed Name **John C. MATTHEWS JR.** Signature **John C. Matthews Jr.** Date **060994**

18. Transporter 2 Acknowledgement or Receipt of Materials  
Printed/Typed Name **HENRY TOME** Signature **Henry Tome** Date **061094**

19. Discrepancy Indication Space  
**Rejected - Approval inactive (060494)**  
**Accepted - Approval active (061094)**

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.  
Printed/Typed Name **EDWARD MOLLER** Signature **Ed Moller** Date **061394**

66 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-424-6802 24 HOURS PER DAY.



**DNR**  
**MICHIGAN DEPARTMENT**  
**OF NATURAL RESOURCES**

DO NOT WRITE IN THIS SPACE  
ATT. ☐ DIS. ☐ REJ. ☐ PR. ☐

1979, as amended and Act 136, P.A. 1969.  
Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Form Approved: OMB No. 2050-0039 Expires 9-30-94

Please print or type.

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>CTD01869599904184</b>		Manifest Document No. <b>04184</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.							
3. Generator's Name and Mailing Address <b>Aerospace Metals, Inc.</b> <b>PO Box 119, Hartford, CT 06141-0119</b>						A. State Manifest Document Number <b>MI 3040115</b>									
4. Generator's Phone ( <b>203</b> ) <b>522-3123</b>						B. State Generator's ID <b>500 Flatbush Ave.,</b> <b>HM Hartford, CT 06106</b>									
5. Transporter 1 Company Name <b>Frank's Vacuum Truck Service Inc.</b>						C. State Transporter's ID <b>80346 V-NY</b>									
6. US EPA ID Number <b>NYD982792814</b>						D. Transporter's Phone <b>716-284-2137</b>									
7. Transporter 2 Company Name <b>FRANKS VACUUM TRUCK SERVICE INC</b>						E. State Transporter's ID <b>80368V NY</b>									
8. US EPA ID Number <b>NYD982792814</b>						F. Transporter's Phone <b>716-284-2137</b>									
9. Designated Facility Name and Site Address <b>Envotech Management Services, Inc.</b> <b>49350 No. I-94 Service Drive</b> <b>Belleville, MI 48111</b>						G. State Facility's ID									
10. US EPA ID Number <b>MID000724831</b>						H. Facility's Phone <b>313-697-7830</b>									
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER) <b>a. X BQ. Waste Corrosive Liquids, Poisonous, n.o.s., (Nitric Acid, Hydrochloric Acid, Hydrofluoric Acid), 8, UN2922, I (D002, D006, D007, D008).</b>						12. Containers No. <b>603</b> Type <b>D/F</b>		13. Total Quantity <b>50</b>		14. Unit <b>G</b>		15. Waste No. <b>D002</b>		N/H <b>H</b>	
J. Additional Descriptions for Materials Listed Above <b>a. Mixed acids CODE 033093MA add'l codes: D006, D007, D008</b>						K. Handling Codes for Wastes Listed Above <b>a/ /</b> <b>b/ /</b> <b>c/ /</b> <b>d/ /</b>									
15. Special Handling Instructions and Additional Information <b>Emergency Contact: 203-541-6988 (24 hour)</b>						11a. Use ERG #59. <b>#142999</b>									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.															
Printed/Typed Name <b>Richard R Anderson</b>						Signature <i>Richard R Anderson</i>		Date <b>04/18/94</b>							
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <b>ANDREW C GILLINGER</b>						Signature <i>Andrew C Gillinger</i>		Date <b>04/18/94</b>							
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name <b>ANDREW C GILLINGER</b>						Signature <i>Andrew C Gillinger</i>		Date <b>04/18/94</b>							
19. Discrepancy Indication Space															
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name <b>RODERICK MOORE</b>						Signature <i>Roderick Moore</i>		Date <b>04/21/94</b>							

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.



CTD018695999 SITE  
ENVIRONMENTAL ENGINEER  
BEFORE AEROSPACE METALS  
500 FLATBUSH AVE  
SITE HARTFORD, CT 06106  
CTD018695999  
EPA EUGENE KLEIN  
AEROSPACE METALS OTHER  
PO BOX 119  
HARTFORD, CT 06106



# U.S. ENVIRONMENTAL PROTECTION AGENCY

1993 Hazardous Waste Report

FORM  
IC

## IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 8 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box ☐ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or →		B. County HARTFORD	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1991? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →			
F. City, town, village, etc. Same as label <input checked="" type="checkbox"/> or →		G. State Same as label <input checked="" type="checkbox"/>	H. Zip Code Same as label <input checked="" type="checkbox"/>

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? ☒ 1 Yes (SKIP TO SEC. III)  
☐ 2 No (GO TO BOX B)

B. Number and street name of mailing address

C. City, town, village, etc.	D. State	E. Zip Code
------------------------------	----------	-------------

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First name M.I. Klein Eugene M	B. Title VP ENGG/ENVIRU Technology	C. Telephone 203 522-1311 Extension 2311
--	--	--

Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last Name First name M.I. Klein Eugene M	B. Title VP ENGG/ENVIRU Technology
C. Signature Eugene Klein	D. Date of signature 10/2/11/94 MO. DAY YR.



## Sec.V - Generator Status

EPA ID NO. C71D 10118 161915 81919

A. 1983 RCRA generator status  
Instruction page 10.  
(CHECK ONE BOX BELOW)

- ☒ 1 LQG  
☐ 2 SQG  
☐ 3 CESQG  
☐ 4 Non generator (Continue to Box B)

SKIP to SEC. VI

B. Reason for not generating  
Page 12.  
(CHECK ALL THAT APPLY)

- ☐ 1 Never generated  
☐ 2 Out of business  
☐ 3 Only excluded or delisted waste  
☐ 4 Only non-hazardous waste  
☐ 5 Periodic or occasional generator  
☐ 6 Waste minimization activity  
☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

## Sec.VI - On-Site Waste Management Status

A. Storage subject to RCRA permitting requirements Page 13.

1

B. Treatment, disposal, or recycling subject to RCRA permitting requirements Page 13.

1

C. RCRA-exempt treatment, disposal, or recycling Page 13.

2

## Sec.VII - Waste Minimization Activity during 1982 or 1983

A. Did this site begin or expand a source reduction activity during 1982 or 1983? Page 14.

- ☒ 1 Yes  
☐ 2 No

B. Did this site begin or expand a recycling activity during 1982 or 1983? Page 15.

- ☐ 1 Yes  
☒ 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1982 or 1983? Page 15.

- ☒ 1 Yes  
☐ 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1982 or 1983? Page 15  
(CHECK YES OR NO FOR EACH ITEM)

- | Yes                        | No                                    |  |
|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices                            |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes                          |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction  |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Technical limitations of the production processes   |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Permitting burdens  |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible                             |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible                            |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements          |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2            | j. Other (SPECIFY COMMENTS IN BOX BELOW)   |

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1982 or 1983? Page 15.  
(CHECK YES OR NO FOR EACH ITEM)

- | Yes                                   | No                                    |   | Yes                        | No                                    |  |
|---------------------------------------|---------------------------------------|---|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice                      | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off-site for recycling                                |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production process      | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling   |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling  |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling  | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities   |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments of off-site for recycling                                      | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recycled materials  |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off-site for recycling  | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible                    |
|                                       |                                       |   | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented - additional recycling does not appear to be economically feasible                   |
|                                       |                                       |   | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
|                                       |                                       |   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2            | o. Other (SPECIFY COMMENTS IN BOX BELOW)   |

Comments:



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: AEROSPACE METALS INCEPA ID NO: CITID 0118 6915 9919U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. Ignitable spent 1,1,1 Trichloroethane Solvent used To degrease from SCRAP METAL for Recycling

E. EPA hazardous waste code Page 18.

D001 F001

C. State hazardous waste code Page 18.

D. SIC code Page 19.

5093

E. Origin code Page 19

System  
Type LM

F. Source code Page 20.

A102G. Point of measurement  
Page 20.11H. Form code  
Page 20.B1 202

I. RCRA - radioactive mixed Page 20.

2

Sec. II A. Quantity generated in 1992  
Instruction Page 21.

1045

B. Quantity generated in 1993  
Page 21.

525C. UOM  
Page 21.5 11.6  
☒ 1 lbs/gal ☐ 2 sp

Density

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type  
Page 22.LMQuantity treated, disposed, or recycled  
on site in 19931045

ON-SITE PROCESS SYSTEM 2

On-site process system type  
Page 22.LMQuantity treated, disposed, or recycled on site  
in 1993525

Sec. III A. Was any of this waste shipped off-site in 1993? ☒ 1 Yes (CONTINUE TO BOX B)  
Instruction page 23. ☐ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to  
Page 23.MAAD 019 371 029C. System type shipped to  
Page 23.M 023D. Off-site  
availability code  
Page 23.1E. Total quantity shipped in 1993  
Page 23.525

Site 2

B. EPA ID No. of facility waste was shipped to  
Page 23.MAAD 019 371 029C. System type shipped to  
Page 23.MD. Off-site  
availability code  
Page 23.1E. Total quantity shipped in 1993  
Page 23.525

Sec. IV A. Did new activities in 1993 result in minimization of this waste? ☒ 1 Yes (CONTINUE TO SYSTEM 1)  
Instruction page 24. ☐ 2 No (THIS FORM IS COMPLETE)

E. Activity Page 24.

61

C. Other effects Page 24.

☐ 1 Yes  
☒ 2 No

D. Quantity recycled in 1993 due to new activities  
Page 25.525E. Activity/production  
index Page 25.1.0

F. 1993 source reduction quantity Page 26.

500

Comments:



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: AEROSPACE METALS INCEPA ID NO: CTID 0118 1615 9191U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. <u>misc spent Acids used to test</u> <u>SCRAP METALS for Recycling</u>						
B. EPA hazardous waste code Page 18. <u>D1002 D007</u> <u>D1008</u>				C. State hazardous waste code Page 18. _____		
D. SIC code Page 18. <u>5093</u>	E. Origin code <input type="checkbox"/> Page 19 System Type <u>L</u>	F. Source code Page 20. <u>A99</u>	G. Point of measurement Page 20. <u>1</u>	H. Form code Page 20. <u>B1103</u>	I. RCRA - radioactive mixed Page 20. <u>2</u>	

Sec. II A. Quantity generated in 1992 Instruction Page 21. <u>470</u>		B. Quantity generated in 1993 Page 21. <u>600</u>		C. UOM Page 21. <u>5</u> <u>18.8</u> <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> 2 sq	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1 On-site process system type Page 22. <u>L</u>		Quantity treated, disposed, or recycled on site in 1993 _____		ON-SITE PROCESS SYSTEM 2 On-site process system type Page 22. <u>L</u>	
Quantity treated, disposed, or recycled on site in 1993 _____		Quantity treated, disposed, or recycled on site in 1993 _____			

Sec. III A. Was any of this waste shipped off-site in 1993 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 23. <input type="checkbox"/> 2 No (SKIP TO SEC IV)				
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>MI D 000 724 831</u>	C. System type shipped to Page 23. <u>L</u> <u>099</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1993 Page 23. <u>600</u>
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. <u>L</u>	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1993 Page 23. _____

Sec. IV A. Did new activities in 1993 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)					
B. Activity Page 24. <u>W</u> <u>W</u> <u>W</u> <u>W</u>	C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1993 due to new activities Page 25. _____	E. Activity/production index Page 25. _____	F. 1993 source reduction quantity Page 26. _____	

Comments:







BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: AEROSPACE METALS INCEPA ID NO: CITID 0118 695 999U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I		A. Waste description - Instruction page 18. <u>steel grit used to clean lead glass off surface of TITANIUM scrap metal for recycling</u>	
E. EPA hazardous waste code Page 18. <u>D1008</u>		C. State hazardous waste code Page 18. _____	
D. SIC code Page 18. <u>5093</u>	E. Origin code Page 19. System <u>LM</u> Type <u>LM</u>	F. Source code Page 20. <u>A119</u>	G. Point of measurement Page 20. <u>L</u>
H. Form code Page 20. <u>B13017</u>		I. RCRA - radioactive mixed Page 20. <u>21</u>	

Sec. II		A. Quantity generated in 1992 Instruction Page 21. <u>21559</u>		B. Quantity generated in 1993 Page 21. <u>38383</u>		C. UOM Page 21. <u>L</u> _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2							
On-site process system type Page 22. <u>LM</u>		Quantity treated, disposed, or recycled on site in 1993 _____		On-site process system type Page 22. <u>LM</u>		Quantity treated, disposed, or recycled on site in 1993 _____			

Sec. III		A. Was any of this waste shipped off-site in 1993 Instruction page 23. <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC IV)	
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>MTID 000 724 8311</u>	C. System type shipped to Page 23. <u>LM 1115</u>	D. Off-site availability code Page 23. <u>1</u>
E. Total quantity shipped in 1993 Page 23. <u>38383</u>		Site 2	B. EPA ID No. of facility waste was shipped to Page 23. _____
C. System type shipped to Page 23. <u>LM</u>		D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1993 Page 23. _____

Sec. IV		A. Did new activities in 1993 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)	
E. Activity Page 24. <u>W</u> _____ <u>W</u> _____ <u>W</u> _____ <u>W</u> _____	C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	D. Quantity recycled in 1993 due to new activities Page 25. _____	E. Activity/production index Page 25. _____
F. 1993 source reduction quantity Page 26. _____			

Comments:



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: AEROSPACE METALS INCEPA ID NO: CTD 0118 6195 9191U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I		A. Waste description - Instruction page 18. <u>spent mineral spirits mixed with naphtha used for cleaning equipment parts during repairs by maintenance dept</u>						
B. EPA hazardous waste code Page 18. <u>D001</u>				C. State hazardous waste code Page 18. _____				
D. SIC code Page 18. <u>350913</u>	E. Origin code Page 19 System <u>LM</u> Type <u>LM</u>	F. Source code Page 20. <u>A115</u>	G. Point of measurement Page 20. <u>1</u>	H. Form code Page 20. <u>B1203</u>	I. RCRA - radioactive mixed Page 20. <u>2</u>			

Sec. II		A. Quantity generated in 1992 Instruction Page 21. <u>20</u>		B. Quantity generated in 1993 Page 21. <u>100</u>		C. UOM Page 21. <u>5</u> <u>16.7</u> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		ON-SITE PROCESS SYSTEM 2		ON-SITE PROCESS SYSTEM 2		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22. <u>LM</u>		Quantity treated, disposed, or recycled on site in 1993 _____		On-site process system type Page 22. <u>LM</u>		Quantity treated, disposed, or recycled on site in 1993 _____		On-site process system type Page 22. <u>LM</u>	

Sec. III		A. Was any of this waste shipped off-site in 1993 <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (SKIP TO SEC. IV)							
Site 1		B. EPA ID No. of facility waste was shipped to Page 23. <u>CTD 0000 845 9182</u>		C. System type shipped to Page 23. <u>M1141</u>		D. Off-site availability code Page 23. <u>1</u>		E. Total quantity shipped in 1993 Page 23. <u>100</u>	
Site 2		B. EPA ID No. of facility waste was shipped to Page 23. _____		C. System type shipped to Page 23. <u>LM</u>		D. Off-site availability code Page 23. <u>1</u>		E. Total quantity shipped in 1993 Page 23. _____	

Sec. IV		A. Did new activities in 1993 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)							
B. Activity Page 24. <u>W</u> <u>W</u> <u>W</u> <u>W</u>		C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		D. Quantity recycled in 1993 due to new activities Page 25. _____		E. Activity/production index Page 25. _____		F. 1993 source reduction quantity Page 26. _____	

Comments:



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: AEROSPACE METALS INCEPA ID NO: CTID 0118 61915 91919U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description - Instruction page 18. <u>General cleanup of 10000 sq ft Building</u>					
B. EPA hazardous waste code Page 18. <u>D0016 D0102</u> <u>D0018</u>			C. State hazardous waste code Page 18. _____			
D. SIC code Page 19. <u>5993</u>	E. Origin code Page 19 System <u>1</u> Type <u>M</u>	F. Source code Page 20. <u>AS12</u>	G. Point of measurement Page 20. <u>1</u>	H. Form code Page 20. <u>B3014</u>	I. RCRA - radioactive mixed Page 20. <u>2</u>	

Sec. II	A. Quantity generated in 1992 Instruction Page 21. _____ <u>0000</u> _____		B. Quantity generated in 1993 Page 21. _____ <u>16089</u> _____		C. UOM Page 21. <input checked="" type="checkbox"/> _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1				ON-SITE PROCESS SYSTEM 2				
On-site process system type Page 22. <u>M</u>		Quantity treated, disposed, or recycled on site in 1993 _____		On-site process system type Page 22. <u>M</u>		Quantity treated, disposed, or recycled on site in 1993 _____		

Sec. III	A. Was any of this waste shipped off-site in 1993 Instruction page 23. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV)				
Site 1		B. EPA ID No. of facility waste was shipped to Page 23. <u>04D045243 206</u>	C. System type shipped to Page 23. <u>M111</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1993 Page 23. _____ <u>16080</u> _____
Site 2		B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1993 Page 23. _____

Sec. IV	A. Did new activities in 1993 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 24. <u>W</u> _____ <u>W</u> _____ <u>W</u> _____ <u>W</u> _____		C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1993 due to new activities Page 25. _____	E. Activity/production index Page 25. _____	F. 1993 source reduction quantity Page 26. _____

Comments:



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: AEROSPACE METALS INCEPA ID NO: CTD 018 695 999U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. General Cleanup of 10000 ft<sup>2</sup> Buildings

B. EPA hazardous waste code Page 19.

D006 D107D108

C. State hazardous waste code Page 19.

D. SIC code Page 19.

51093E. Origin code 2 Page 19System  
Type M

F. Source code Page 20.

A912G. Point of measurement  
Page 20.1H. Form code  
Page 20.B1114

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1992  
Instruction Page 21.9000B. Quantity generated in 1993  
Page 21.3000C. UOM  
Page 21.5 7.5☒ lbs/gal ☐ 2 sg

Density

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)☒ No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type  
Page 22.MQuantity treated, disposed, or recycled  
on site in 19933000

ON-SITE PROCESS SYSTEM 2

On-site process system type  
Page 22.MQuantity treated, disposed, or recycled on site  
in 19933000

Sec. III

A. Was any of this waste shipped off-site in 1993  
Instruction page 23.☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to  
Page 23.RTD 040 098 352C. System type shipped to  
Page 23.M 079D. Off-site  
availability code  
Page 23.1E. Total quantity shipped in 1993  
Page 23.3000

Site 2

B. EPA ID No. of facility waste was shipped to  
Page 23.RTD 040 098 352C. System type shipped to  
Page 23.MD. Off-site  
availability code  
Page 23.1E. Total quantity shipped in 1993  
Page 23.3000

Sec. IV

A. Did new activities in 1993 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO SYSTEM 1)  
Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

W W  
W W

C. Other effects Page 24.

☐ 1 Yes  
☐ 2 NoD. Quantity recycled in 1993 due to new activities  
Page 25.3000E. Activity/production  
index Page 25.1

F. 1993 source reduction quantity Page 28.

3000

Comments:



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Aerospace Metals IncEPA ID NO: CITD 018 695 999U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I		A. Waste description - Instruction page 18. <u>General cleanup of 10000 ft<sup>2</sup> Building</u>			
B. EPA hazardous waste code Page 19.		C. State hazardous waste code Page 19.			
<u>D006 D007</u> <u>D008</u>					
D. SIC code Page 19.	E. Origin code <u>2</u> Page 19	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
<u>5093</u>	System Type <u>LM</u>	<u>A911</u>	<u>1</u>	<u>B3119</u>	<u>12</u>

Sec. II		A. Quantity generated in 1992 Instruction Page 21.		B. Quantity generated in 1993 Page 21.		C. UOM Density Page 21.		D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.	
		<u>0000</u>		<u>8500</u>		<u>1</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		<input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2							
On-site process system type Page 22.		Quantity treated, disposed, or recycled on site in 1993		On-site process system type Page 22.		Quantity treated, disposed, or recycled on site in 1993			
<u>LM</u>		<u>0000</u>		<u>LM</u>		<u>0000</u>			

Sec. III		A. Was any of this waste shipped off-site in 1993 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC IV) Instruction page 23.			
Site 1	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1993 Page 23.	
	<u>ATD 040 098 352</u>	<u>LM 141</u>	<u>1</u>	<u>8500</u>	
Site 2	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1993 Page 23.	
		<u>LM</u>		<u>0000</u>	

Sec. IV		A. Did new activities in 1993 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) Instruction page 24.			
B. Activity Page 24.	C. Other effects Page 24.	D. Quantity recycled in 1993 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1993 source reduction quantity Page 26.	
<u>W</u> <u>W</u> <u>W</u> <u>W</u>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<u>0000</u>	<u>0000</u>	<u>0000</u>	

Comments:

B319 = PPE, wipes, etc



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Aerospace Metals IncEPA ID NO: CTD 018 615 5 9919U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 18 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description - Instruction page 18. <u>Final cleaning of solvent Degreaser before conversion to aqueous washer</u>					
B. EPA hazardous waste code Page 18. <u>D001 F001</u>			C. State hazardous waste code Page 19. _____			
D. SIC code Page 18. <u>5093</u>	E. Origin code Page 18 System <u>LM</u> Type _____	F. Source code Page 20. <u>A09</u>	G. Point of measurement Page 20. <u>1</u>	H. Form code Page 20. <u>B1310</u>	I. RCRA - radioactive mixed Page 20. <u>2</u>	

Sec. II	A. Quantity generated in 1992 Instruction Page 21. <u>000</u>		B. Quantity generated in 1993 Page 21. <u>400</u>		C. UOM Page 21. <u>1</u> _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2			
On-site process system type Page 22. <u>LM</u>		Quantity treated, disposed, or recycled on site in 1993 <u>0</u>		On-site process system type Page 22. <u>LM</u>		Quantity treated, disposed, or recycled on site in 1993 <u>0</u>

Sec. III	A. Was any of this waste shipped off-site in 1993 Instruction page 23. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV)				
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>CTD 019 312 1 0219</u>	C. System type shipped to Page 23. <u>LM141</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1993 Page 23. <u>400</u>	
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. <u>LM</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1993 Page 23. <u>0</u>	

Sec. IV	A. Did new activities in 1993 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 24. <u>W</u> _____ <u>W</u> _____ <u>W</u> _____ <u>W</u> _____	C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1993 due to new activities Page 25. <u>0</u>	E. Activity/production index Page 25. <u>0</u>	F. 1993 source reduction quantity Page 26. <u>0</u>	

Comments:
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BEFORE COMPLETING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: AEROSPACE METALS INCEPA ID NO: CTD 0118 6915 9199U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM  
01OFF-SITE  
IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>ILD 0214 208 202</u>	B. Name of off-site installation or transporter <u>SAFETY KLEEN CORP</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street <u>1000 RANDALL STREET</u> City <u>ELGIN</u> State <u>IL</u> Zip <u>60120</u>	

Site 2	A. EPA ID No. of off-site installation or transporter <u>CTD 0008 845 9812</u>	B. Name of off-site installation or transporter <u>SAFETY KLEEN CORP</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of generator Street <u>24 BRIXTON STREET</u> City <u>WEST HARTFORD</u> State <u>CT</u> Zip <u>06110</u>	

Site 3	A. EPA ID No. of off-site installation or transporter <u>MA 0119 3121 0129</u>	B. Name of off-site installation or transporter <u>General Chemical Corp</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of generator Street <u>133 Leland Street</u> City <u>FRAMINGHAM</u> State <u>MA</u> Zip <u>01170</u>	

Site 4	A. EPA ID No. of off-site installation or transporter <u>RI 0140 0918 3512</u>	B. Name of off-site installation or transporter <u>NORTHLAND ENVIRONMENTAL</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of generator Street <u>274 AILEEN AVE</u> City <u>PROVIDENCE</u> State <u>RI</u> Zip <u>02905</u>	

Site 5	A. EPA ID No. of off-site installation or transporter <u>MA 084 8114 1131</u>	B. Name of off-site installation or transporter <u>FRANKLIN Environmental Services</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street <u>185 Industrial Road</u> City <u>WRENTHAM</u> State <u>MA</u> Zip <u>02093</u>	

Comments:



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Aerospace Metals IncEPA ID NO: CTD 0118 6915 999FORM  
01U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1993 Hazardous Waste Report

OFF-SITE  
IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>CTD 0182 1911 9412</u>	B. Name of off-site installation or transporter <u>Bechem Transport Inc</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street <u>46 River Street</u> City <u>New Haven</u> State <u>CT</u> Zip <u>065113</u> - <u>1111</u>	
Site 2	A. EPA ID No. of off-site installation or transporter <u>CTD 0010 224 8311</u>	B. Name of off-site installation or transporter <u>Envotech Mgt Service Inc</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of generator Street <u>4935 N 194 Service Drive</u> City <u>Belleville</u> State <u>MI</u> Zip <u>481111</u> - <u>1111</u>	
Site 3	A. EPA ID No. of off-site installation or transporter <u>NY 0182 212 8114</u>	B. Name of off-site installation or transporter <u>Franks Vacuum Truck Service</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street <u>4500 Royal Ave</u> City <u>NIAGARA FALLS</u> State <u>NY</u> Zip <u>14303</u> - <u>1111</u>	
Site 4	A. EPA ID No. of off-site installation or transporter <u>CTD 283 812 2148</u>	B. Name of off-site installation or transporter <u>SeaLand Environmental Service</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street <u>49 Burtville Ave</u> City <u>Derby</u> State <u>CT</u> Zip <u>06418</u> - <u>1111</u>	
Site 5	A. EPA ID No. of off-site installation or transporter <u>NY 0154 126 1164</u>	B. Name of off-site installation or transporter <u>Freehold Cartage Inc</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street <u>PO Box 5010</u> City <u>Freehold</u> State <u>NY</u> Zip <u>02728</u> - <u>1111</u>	

Comments:



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: AEROSPACE METALS INCEPA ID NO: CITID 10118 16915 9199U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM  
01OFF-SITE  
IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>01118 16915 9199</u>	B. Name of off-site installation or transporter <u>EnviroSafe of Olo</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of generator Street <u>876 OTTER Creek Road</u> City <u>OREGON</u> State <u>0111</u> Zip <u>4131414</u>	
Site 2	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter _____
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street _____ City _____ State _____ Zip _____	
Site 3	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter _____
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street _____ City _____ State _____ Zip _____	
Site 4	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter _____
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street _____ City _____ State _____ Zip _____	
Site 5	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter _____
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street _____ City _____ State _____ Zip _____	
Comments: _____		



\*\*\*\*\*  
 Enforcement sensitive information. Official use only. Shred/burn to dispose.  
 \*\*\*\*\*

Aerospace Metals, Inc.

\* \* \* COMPLIANCE MONITORING AND ENFORCEMENT INFORMED FORM \* \* \*

Handler Name / ID / Address	S O N P	Regulated Activities
AEROSPACE METALS CTD018695999 500 FLATBUSH AVE, HARTFORD	PP	LG

## NEW EVALUATION

Type	Date	Agy	Br	Prs	Reason	(Circle areas evaluated)
OTH	17/08/94	E		MOB		

GCP GEX GGR GHW GIS GLB  
 GMC GMR GOR GPP GPR GPT  
 GRC GRR GSC GSG GTM  
 DCH DCL DCP DEX DFR DGS  
 DGW DHW DIN DIS DLB DLF  
 DLT DMC DMR DOR DPS DPP  
 DPR DPT DRC DRR DSC DSI  
 DSS DTR DTT DWA DWP  
 TEX TGR TMR TOR TRR TWD  
 CAS CSS FEA WOV

Comment: RCRA LQG Screening Inspection

## &gt; NEW VIOLATIONS

Area	Date	Agy	Br	Prs	Class/Priority	Compliance Scheduled	Actual	Addressed Below

Regulation Type: Citation:

Comment:

Regulation Type: Citation:

Comment:

Regulation Type: Citation:

Comment:

Regulation Type: Citation:

Comment:

NAME: Aerospace Metals  
 ID. NO.: CTD 018695999  
 FILE LOC: R-1C  
 OTHER: [confidential]



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION I  
J. F. K. FEDERAL BUILDING, BOSTON, MA 02203-2211

MEMORANDUM

DATE: September 6, 1994

SUBJ: RCRA Inspection Report for Aerospace Metals, Inc.

FROM: Michael J. O'Brien, Environmental Engineer  
Connecticut Waste Regulation Section

TO: File

NAME: AEROSPACE METALS  
I.D. NO.: CTD 018695999  
FILE LOG: R-1C  
OTHER: \_\_\_\_\_

I. GENERAL INFORMATION

- A. Facility Name: Aerospace Metals, Inc.  
(formerly Suisman & Blumenthal, Inc.)  
500 Flatbush Ave.  
Hartford, Connecticut 06106
- B. RCRA Contact: Eugene M. Klein  
Vice-President, Engineering  
and Environmental Technology
- C. Responsible Official: Eugene M. Klein
- D. Date of Inspection: August 17, 1994
- E. Purpose of Inspection: LQG Screening Inspection
- F. Persons Participating in the Inspection:
1. Michael J. O'Brien, U.S. Environmental Protection Agency
  2. Eugene M. Klein, Aerospace Metals, Inc.

II. RCRA REPORTING/INFORMATION REQUIREMENTS

EPA ID. No.:	CTD018695999
Type of "Operation":	Generator
Type of Operation Indicated in Notification:	Generator
Date of Notification:	May 17, 1985

III. SOURCE DESCRIPTION

This facility recycles metal, especially aerospace metals such as titanium, other high-temperature alloys and some steels. The metals are reprocessed, some to the maximum possible purity. One process is washing metal chips in dilute nitric acid.



#### IV. GENERAL OBSERVATIONS

This facility initially notified under former name as a small-quantity generator, generating only waste 111-trichloroethane. Then, in 1988 it requested a status change to large-quantity generator and in November of that year, the Connecticut Department of Environmental Protection approved the change. Still later, the facility returned to small-quantity generation because it installed a better silver recovery unit for x-ray photo development waste, eliminated the use of 111-trichloroethane and found that some leaded glass waste was not hazardous. The present hazardous wastes are only waste, dilute acids and safety kleen (petroleum naptha).

Mr. Klein conducted me on a tour of the hazardous waste areas. These areas were the container storage area for waste acid (See Figure 1) and the safety kleen metal washing sink (See Figure 2), both just outside the laboratory.



Figure 2. The Safety Kleen Metal Washing Sink, containing petroleum naptha.

Leaving Aerospace Metals, this inspector checked the neighborhood as an environmental justice area. This facility was especially selected for inspection because the area had an EJ score of 4. Across the street from the facility there is a public housing project (See Figure 3). There is no apparent impact of the facility on the project.

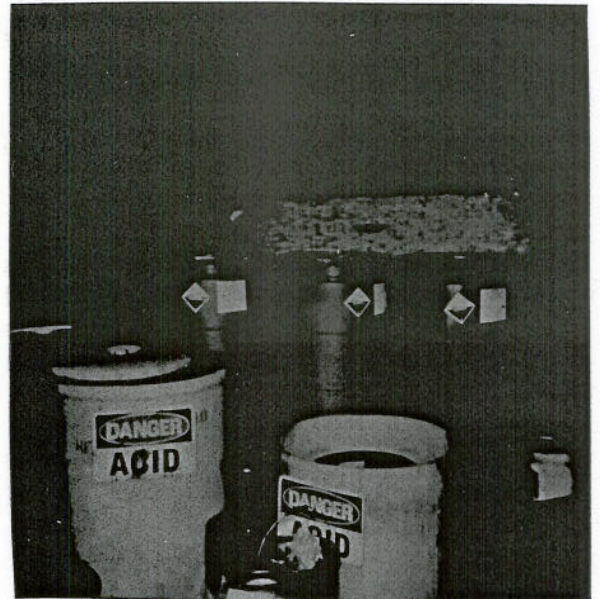


Figure 1. Waste Acid Area (blue drums in the back).

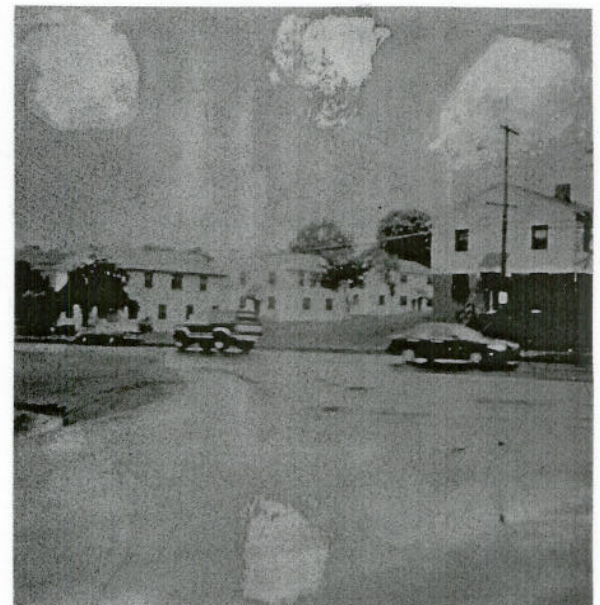


Figure 3. Public Housing Opposite the Main Entrance of Aerospace Metals, Inc..